



# TOWN OF EAST HAMPTON

159 Pantigo Road  
East Hampton, New York 11937  
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John Rooney  
Superintendent of Recreation

## **2016 SAILING INSTRUCTION PROGRAM**

### **FRESH POND**

- ☐ June 27<sup>th</sup> - July 7<sup>th</sup>  
(NO Class July 4<sup>th</sup>)
- ☐ July 11<sup>th</sup> - July 21<sup>st</sup>
- ☐ July 25<sup>th</sup> - August 4<sup>th</sup>
- ☐ August 8<sup>th</sup> - August 18<sup>th</sup>



**\*All sessions run Monday through Thursday for two (2) weeks.\***  
**A copy of a birth certificate is required for all children twelve years of age.**

#### **TIMES:**

(CHECK ONE)

☐ MORNING SESSION  
9am – 12 noon

☐ AFTERNOON SESSION  
12:30pm – 3:30pm

**Beginners and Advanced Instruction offered at each session**

**FEE: \$225.00 Per Person**

**\*PRE-REGISTRATION IS REQUIRED\* AT THE PARKS & RECREATION DEPARTMENT ONLY**  
(BEHIND TOWN HALL)  
8:00AM – 4:00 PM, MONDAY THROUGH FRIDAY.

**\*REGISTRATION\* IS LIMITED TO 15 PEOPLE PER SESSION. ADULTS & CHILDREN (MINIMUM AGE – 12) ARE WELCOME TO REGISTER.**

**[www.ehamptonny.gov](http://www.ehamptonny.gov)**

## Child Waiver of Liability

**PLEASE FILL IN ALL INFORMATION BELOW!!!!!!**

As parent/guardian for \_\_\_\_\_.  
(name(s) of child/children enrolling)

I hereby grant permission for his/her participation in the "EAST HAMPTON 2008 Program" sponsored and administered by the TOWN OF EAST HAMPTON.

In doing so, I understand that physical activities such as these sometimes result in accidents despite the best efforts of the organizer to supervise the participants. I accept any medical bills resulting from such an accident as solely my responsibility.

Further, in permitting my child/children's participation, I agree to hold the TOWN OF EAST HAMPTON, its employees, volunteers assisting with the program as well as its elected and appointed officials, harmless from liability resulting from, my child/children's participation in the program.

Names of children:

_____ Sex: ____ Male ____ Female	_____ Sex: ____ Male ____ Female	_____ Sex: ____ Male ____ Female	_____ Sex: ____ Male ____ Female
DOB: _____	DOB: _____	DOB: _____	DOB: _____
Age: _____	Age: _____	Age: _____	Age: _____

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

School: \_\_\_\_\_

Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**VERY IMPORTANT TO WRITE & PRINT CLEARLY**

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian PRINTED PLEASE: \_\_\_\_\_

## ADULT WAIVER OF LIABILITY

\_\_\_\_\_  
NAME

I am participating in the TOWN OF EAST HAMPTON'S , a program sponsored and administered by the  
TOWN OF EAST HAMPTON.

In doing so, I understand that physical activities such as these sometimes result in accidents despite the best efforts of the organizer to supervise the participants. I accept any medical bills resulting from such an accident as solely my responsibility.

Further, in participating in this program, I agree to hold the TOWN OF EAST HAMPTON, its employees, volunteers assisting with the program, as well as its elected and appointed officials, harmless from liability resulting from my participation in this program.

SEX: ☐ MALE  
☐ FEMALE

ADDRESS: \_\_\_\_\_

TELEPHONE #: (     ) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE:     /     /

SIGNATURE: \_\_\_\_\_